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January 19, 2016

TO: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Peter Lynn
Executive Director

SUBJECT: **DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE RAPID RE-HOUSING PILOT PROGRAM – REPORT BACK (ITEM NO. 12, AGENDA OF AUGUST 2, 2016)**

This memorandum is to provide the Board with a report on the August 2, 2016 motion in which the Board directed the Los Angeles Homeless Services Authority, in collaboration with the Chief Executive Officer, to report back on the following items:

A. Establishing an Intimate Partner Violence and Homelessness Advisory Group consisting of IPV providers, homeless services providers, a representative of the CEO's office, related County departments, and representatives of local cities with expertise in IPV that will convene at least quarterly to inform the pilot design, assessment tool, performance outcomes, and annual reporting on the results of the pilot and lessons learned;
B. Hiring a consultant with experience in IPV programming to work with the advisory group to collect recommendations for the pilot design, the development or adoption of an appropriate IPV housing assessment tool, and performance outcomes;
C. Working with the CEO Homeless Initiative, the Department of Public Social Services, Community and Senior Services, the Department of Mental Health, Department of Public Health- Substance Abuse Prevention and Control, and the Department of Health Services and the consultant to establish a scope of work for the pilot program;
D. Providing an interim report to the Board with the pilot design, assessment tool recommendation(s), performance outcomes, and scope of work before a competitive process is conducted to implement the pilot;
E. Conducting a competitive process to secure a provider, or consortium of providers, to conduct the pilot program over a three-year period; and
F. Reporting annually to the Board on the progress, outcomes, and lessons learned through the pilot.

In response, the following attachments summarize the activities and milestones achieved to date regarding the pilot's development, as well as describe the next steps towards its

implementation. LAHSA will submit a follow-up report to the Board related to motion item D no later than March 31, 2017.

If you have any questions or concerns, please contact Peter Lynn, Executive Director, at plynn@lahsa.org or 213-683-3333.

PL:jr

Attachments

Cc: Executive Office, Board of Supervisors
Chief Executive Officer
Department of Public Social Services
Department of Workforce Development, Aging, and Community Service
Department of Mental Health
Department of Public Health – Substance Abuse Prevention and Control
Department of Health Services

I. Background

On February 9, 2016, the Los Angeles County Board of Supervisors ("Board") directed the Chief Executive Officer ("CEO") to report back on the intersection between Domestic Violence/Intimate Partner Violence ("DV/IPV") and Homeless Service Delivery Systems. The Board specifically requested a report back on housing resources available to survivors of domestic violence. The May 9, 2016 report back by the CEO highlighted the lack of "fit" between existing available housing services under Rapid Re-Housing ("RRH") and how DV/IPV survivors can be served. Survivors of domestic violence/intimate partner violence who experience homelessness can require specialized services in addition to housing resources. Services such as confidentiality and security that may help to ensure survivors' safety can make it difficult for them to access local permanent housing programs as currently structured.

Multiple jurisdictions around the country provide RRH as a successful permanent housing intervention for DV/IPV survivors. The Board recognizes that throughout the County there is a gap in the supply of shelter, housing, and services for survivors of DV/IPV compared to the need for these resources. Therefore, on August 2, 2016, in response to the May 9, 2016 report back by the CEO, the Board directed (Item No. 12, Agenda of August 2, 2016) the Los Angeles Homeless Services Authority ("LAHSA") to implement an Intimate Partner Violence Rapid Re-Housing Pilot program[1].

II. Status of the Pilot Development

LAHSA has been working on each of the Board's directives and has made significant progress in the following areas:

Consultant and Pilot Recommendations

LAHSA conducted a competitive procurement process for hiring a consultant to assist with the pilot's development. In September 2016, LAHSA released a Request for Qualifications ("RFQ") and identified four candidates as experts in the area of DV/IPV. In early October, after reviewing the submitted RFQ proposals, LAHSA selected the Watson Consulting Group ("WCG") as the consultants for the pilot. WCG is a team of three highly qualified experts in both DV/IPV and homelessness; the Principal Consultant is a former executive leader from the Downtown Women's Center, and the Senior Consultant is a former executive leader from Rainbow Services. LAHSA contracted with WCG for a maximum of $40,000 through the end of March 2017.

WCG began working on the pilot in mid-October, rapidly conducting a literature review and dozens of interviews with stakeholders and IPV survivors to form recommendations for the pilot's design. A summary of their key findings and recommendations are included as **Attachment II**, and the full report is included as **Attachment III**.

[1] Note: While the Board's motion refers to survivors of *intimate partner violence*, LAHSA (in consultation with multiple experts who work with survivors throughout the County) broadened its usage of terminology when referring to survivors to include *domestic violence* in addition to *intimate partner violence*.

Domestic Violence/Intimate Partner Violence and Homelessness Advisory Group

In response to the February 9, 2016 Board Motion on the intersection of the DV and Homeless Service Delivery Systems [Item No. 8, Agenda of February 9, 2016], the CEO convened a DV Workgroup, comprised of LAHSA, several County departments, and homeless and domestic violence service providers to work together in order to collect a wide range of information related to domestic violence services and homelessness throughout the County. LAHSA leveraged the partnerships formed out of this workgroup in order to establish the DV/IPV and Homelessness Advisory Group ("Advisory Group"). The first quarterly convening of the Advisory Group met on December 7, 2016, where all five Supervisorial Districts ("SDs") and all eight Service Planning Areas ("SPAs") were represented. The following stakeholder representatives were in attendance:

- *Public Entities:*

County of Los Angeles CEO Homeless Initiative	City of Santa Monica
City of Los Angeles Attorney's Office/City of Los Angeles Domestic Violence Task Force	City of Glendale

- *DV/IPV Service Providers and Advocates*:

1736 Family Crisis Center (SD 2 & 4)	Center for the Pacific Asian Family (SD 2 & 4)
Downtown Women's Center (SD 1)	Jenesse Center Inc. (SD 2)
Jewish Family Services (SD 2)	Rainbow Services (SD 2, 3 & 4)
Su Casa (SD 4)	Valley Oasis (SD 5)
Joyful Heart Foundation	

- *Homeless Service Providers and Advocates*:

Children's Hospital Los Angeles (SPA 4)	Coalition for Responsible Community Development (SPA 6)
Haven Hills, Jovenes (SPA 7)	LA Family Housing Corporation (SPA 2)
PATH (SPA 7)	Safe Place for Youth (SPA 5)
St. Joseph Center (SPA 5)	The Whole Child (SPA 7)
Union Station Homeless Services (SPA 3)	Valley Oasis (SPA 1)

The Advisory Group reviewed the work and recommendations related to the pilot's design, program assessment tool, and performance outcomes submitted by WCG.

III. Next Steps for Implementation

LAHSA will continue developing the pilot in accordance with the motion's directives, with one modification. Due to timing restrictions, this interim report requested by the Board does not include a draft scope of work for the pilot. LAHSA and the consultant will develop a scope of work and partner with the CEO Homeless Initiative, the Department of Public Social Services, Community and Senior Services, the Department of Mental Health, Department of Public Health- Substance Abuse Prevention and Control, and the Department of Health Services for feedback. Once final, LAHSA will submit the scope of work to the Board in a follow-up report no later than March 31, 2017.

The following projected timeline highlights the next steps of the pilot's development through its launch date of July 2017:

- **January – February 2017:**
  - Continue to develop deliverables related to motion item D
  - Develop RFP
- **March 2017:**
  - Convene quarterly meeting of the Advisory Group
  - Report back to the board regarding deliverable D by March 31, 2017
  - Release RFP
- **May 2017:**
  - Proposals Due to LAHSA
- **May/June 2017:**
  - Proposal Review and funding recommendations to LAHSA Commission for approval
- **June 2017:**
  - Contract Development
  - Convene quarterly meeting of the Advisory Group
- **Mid-July 2017:**
  - Program Start

LAHSA DV/IPV Pilot Recommendations Report

Advisory Group Meeting 12.7.2016

Amended on 12/12/2016 to include input from 12/7/2016 Advisory Group Meeting

LISA WATSON

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Goals of the Pilot

1. Improve the health and well-being of DV/IPV survivors by ensuring participants in the pilot receive flexible financial assistance for housing and services that best meet their needs to help them stabilize in their chosen communities;
2. Enable the County to learn how best to target the RRH model for the DV/IPV population, including how best to integrate the model for this population with the Coordinated Entry System ("CES"); and
3. Build the capacity of DV/IPV providers to successfully assist survivors through the RRH model.

Process Overview

Literature Review

- Evaluations, guidelines, webinars, peer-Reviewed Journals
- ❖Washington State Domestic Violence Housing First Program Final Evaluation Report

Interviews with Stakeholders

- 24 one-one-one or small group interviews
  - All five supervisorial districts in LA County
  - 7 of 8 Service Planning Areas
- Focus group with survivors with lived experience

Inclusion of Input from Advisory Group and Other Boards

- 18 individuals in attendance

Findings and Recommendations

5 Findings

14 recommendations in 4 categories

- Program Design
- DV/IPV Assessment Tool
- Performance Outcomes
- Program Activities and Costs

Finding 1

In addition to the barriers to obtaining housing faced by the larger homeless population (lack of affordable housing in Los Angeles County, unemployment or poverty, mental illness, chemical dependency, and legal issues such as immigration status), DV survivors face additional issues that are a direct result of their abuse.

- Safety needs
- Economic abuse
- Lack of personal income
- Child care needs
- Emotional barriers
- Isolation
- Criminal history
- Time limits on services that are too short
- Additional Legal issues

Finding 2

As DV survivors experiencing homelessness face unique needs, neither DV service providers nor homeless services providers are ideally situated to provide the many services needed. Both experience barriers to providing care to survivors, which stem from a variety of causes.

- Training
- Mobile case management
- Lack of affordable housing
- Lack of shelter beds
- Inflexible resources

Finding 3

Rapid Re-housing is not a replacement for alternative housing options currently available, but rather an additional option that can prove an invaluable resource for those who are situated to gain maximum benefit. To ensure the success of DV/IPV clients in a rapid re-housing setting, clients likely need to fit the following profile:

- Low risk of physical violence
- Ability to become financially independent
- Willing and involved in participation (survivor-driven advocacy)
- Emotionally ready

Finding 4

Systems improvements may be essential in order to build capacity to meet needs among DV clients. To successfully move survivors through the RRH model, some of the capacity building steps that may be incorporated include:

- Improved confidential information management
- Increased collaboration
- Enhanced housing network
- Community inclusion
- Staff training

Finding 5

Data collections that include demographic information as well as information concerning safety, well-being, and education will be useful toward evaluating the success of a RRH program for DV survivors and adapting future models to the needs of the population.

- Demographic information
- Neighborhood information
- Safety assessments
- Self-reported well-being
- Length of assistance
- Educational attainment
- Obstacles
- Cost-benefit

Recommendations: Program Design

Recommendation 1: *Pilot design should include a plan for rigorous evaluation that includes collection of data upon client entry, throughout service duration, and at follow-up.*

Recommendation 2: *Pilot Program Agencies should devote a portion of Pilot funding to developing housing navigation capacity, including the use of consultants or other outside groups as necessary.*

Recommendation 3: *Pilot Program Agencies should develop a coalition with other DV agencies, housing organizations, and CES advocates, in order to have alternate options for clients in need of services unavailable at Pilot's location.*

Recommendations: Program Design cont.

Recommendation 4: *Pilot Program Agencies should cultivate community partnerships with other social service organizations, law enforcement, landlords, educational institutions, communities of faith, and other central community leaders, including opening a line of communication for ongoing collaboration.*

Recommendation 5: *Pilot Program Agencies should train staff specifically on serving DV/IPV survivors experiencing homelessness, including training DV/IPV staff involved on use of any housing locator navigators, and training homeless services staff involved on how best to approach services for DV/IPV survivors.*

Recommendation 6: *Pilot design should embrace a housing first and survivor-driven approach.*

Recommendations: DV/IPV Assessment Tool

Recommendation 7: *Pilot Program Agencies should triage all survivors prior to entry into the RRH program considering both their safety and appropriateness to rapid re-housing.*

Recommendation 8: *Pilot Program Agencies should train all staff on proper use of assessment tool, including where to direct clients who are not appropriate for RRH.*

Recommendations: Performance Outcomes

Recommendation 9: *Pilot Program Agencies should be accountable for delivering a pre-determined list of anticipated outputs and outcomes, outlined below.*

Anticipated Outputs Categories

- Number and type of survivors served by pilot program
- Number and type of trainings
- Number of communications with community members
- Number and type of services provided (including successful referrals)
- Evaluation of pilot program as outlined in Program Design Recommendation 1.

Recommendations: Performance Outcomes cont.

Anticipated Outcomes

- Increased housing (placement and retention)
- Increased financial stability
- Improved self-reported safety and well-being of survivors and children
- Improved collaboration within organizations
- Improved interagency collaboration
- Increased community awareness
- Improved ability to design future pilots to deliver stronger outcomes in the future

Recommendations: Program Activities and Costs

Recommendation 10: *Pilot Program Agencies should keep funding as flexible as possible in terms of purposes for which it can be utilized.*

Recommendation 11: *Pilot Program Agencies should have the ability to serve a wide variety of survivors at various levels of need.*

Recommendation 12: *Pilot Program Agencies should have the capacity to serve survivors over a long time frame, potentially for a longer period than other clients experiencing homelessness.*

Recommendations: Program Activities and Costs cont.

Recommendation 13: *LAHSA should consider entering into a funding contract with multiple agencies for the Pilot rather than leaving a single agency responsible to subcontract services.*

Recommendation 14: *Pilot Program Agencies should devote a portion of Pilot funding to fund administrative costs, including costs of new technology and trainings.*

DECEMBER 12, 2016

LAHSA DV/IPV RAPID RE-HOUSING PILOT CONSULTANT RECOMMENDATION REPORT

WATSON CONSULTING GROUP

DV/IPV RAPID RE-HOUSING PILOT CONSULTANT RECOMMENDATION REPORT DRAFT

Los Angeles County Domestic Violence/Intimate Partner Violence Rapid Re-housing Pilot Program

Los Angeles Homeless Services Authority

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EXECUTIVE SUMMARY

The Los Angeles Board of Supervisors allocated $1 million in unallocated Homeless Prevention Funds to the Los Angeles Homeless Services Authority (LAHSA) for the development of a Domestic Violence/Intimate Partner Violence(DV/IPV) Rapid Re-housing(RRH) Pilot Program ("Pilot") targeting survivors of domestic violence and intimate partner violence experiencing homelessness. The goals of the Pilot are threefold:

1. Improve the health and well-being of DV/IPV survivors by ensuring participants in the Pilot receive flexible financial assistance for housing and services that best meet their needs to help them stabilize in their chosen communities;
2. Enable the County to learn how best to target the RRH model for the DV/IPV population, including how best to integrate the model for this population with the Coordinated Entry System (CES); and
3. Build the capacity of DV/IPV providers to successfully assist survivors through the RRH model.

LAHSA hired Watson Consulting Group (WCG) to conduct research and develop recommendations for the Pilot program design, adoption of appropriate DV/IPV assessment tool, performance outcomes, and allowable program activities and costs. These recommendations are intended to inform the development of LAHSA's Scope of Work and Request for Proposals for the Pilot funding and help determine the agency most suitable to be awarded the funding. The agency awarded the funding (hereinafter referred to as "Pilot Program Agency") will be able to accommodate the many needs outlined in the recommendations report.

In addition to conducting a literature review to identify best practices to inform the recommendations, WCG engaged stakeholders through interviews and communication with the Domestic Violence/Intimate Partner Violence and Homelessness Advisory Group ("Advisory Group"). Interviews were conducted with representatives from DV agencies, CES advocates, and city and county representatives, and initial recommendations were shared with the Advisory Group for feedback. Advisory Group members and interview subjects represent all five supervisorial districts in Los Angeles County, as well as all eight Service Planning Areas (SPAs). WCG also conducted a focus group with survivors.

Findings include:

1. In addition to the barriers to obtaining housing faced by the larger homeless population, DV advocates communicated that DV survivors face additional issues that are a direct result of their abuse.
2. As DV survivors experiencing homelessness face unique needs, neither DV service providers nor homeless services providers are ideally situated to provide the many services needed. Both experience barriers to providing care to survivors, which stem from a variety of causes.
3. Rapid re-housing is not a replacement for alternative housing options currently available, but rather an additional option that can prove an invaluable resource for those who are situated to gain maximum benefit.

4. Systems improvements may be essential in order to build capacity to meet needs among DV clients.
5. Data collections that include demographic information as well as information concerning safety, well-being, and education will be useful for evaluating the success of a RRH program for DV survivors and adapting future models to the needs of the population.

Recommendations include:

1. Pilot design should include a plan for rigorous evaluation that includes collection of data upon client entry, throughout service duration, and at follow-up.
2. Pilot Program Agencies should devote a portion of Pilot funding to developing housing navigation capacity, including the use of consultants or other outside groups as necessary.
3. Pilot Program Agencies should develop a coalition with other DV agencies, housing organizations, and CES advocates, in order to have alternate options for clients in need of services unavailable at Pilot's location.
4. Pilot Program Agencies should cultivate community partnerships with other social service organizations, law enforcement, landlords, educational institutions, communities of faith, and other central community leaders, including opening a line of communication for ongoing collaboration.
5. Pilot Program Agencies should train staff specifically on serving DV/IPV survivors experiencing homelessness, including training DV/IPV staff involved on use of any housing locator navigators, and training homeless services staff involved on how best to approach services for DV/IPV survivors.
6. Pilot design should embrace a housing first and survivor-driven approach.
7. Pilot Program Agencies should triage all survivors prior to entry into the RRH program considering both their safety and appropriateness to rapid re-housing.
8. Pilot Program Agencies should train all staff on proper use of assessment tool, including where to direct clients who are not appropriate for RRH.
9. Pilot Program Agencies should be held accountable for delivering a pre-determined list of anticipated outputs and outcomes.
10. Pilot Program Agencies should keep funding as flexible as possible in terms of purposes for which it can be utilized.
11. Pilot Program Agencies should have the ability to serve a wide variety of survivors at various levels of need.
12. Pilot Program Agencies should have the capacity to serve survivors over a long time frame, potentially for a longer period than other clients experiencing homelessness.
13. LAHSA should consider entering into a funding contract with multiple agencies for the Pilot rather than leaving a single agency responsible to subcontract services.
14. Program Agencies should devote a portion of Pilot funding to fund administrative costs, including costs of new technology and trainings.

INTRODUCTION

In response to a 2016 Los Angeles City Chief Executive Office report on intimate partner violence, the Los Angeles Board of Supervisors directed a transfer of $1 million in unallocated Homeless Prevention funds to the Los Angeles Homeless Services Authority (LAHSA) for the development and implementation of a Rapid Re-Housing (RRH) Pilot Program ("Pilot") aimed at survivors of domestic violence (DV) and intimate partner violence (IPV). LAHSA hired Watson Consulting Group (WCG) to work with the Domestic Violence Pilot Advisory Group and LAHSA staff to develop recommendations for the Pilot, including recommendations for the following categories: program design, IPV housing assessment tools, performance outcomes, and program activities and costs.

This report is a summary of the consultant's findings and recommendations. The purpose of this report is to provide guidelines for the development of a pilot program for rapid re-housing of survivors of domestic violence and intimate partner violence in the Los Angeles area.

Goals of Pilot Program

4. Improve the health and well-being of DV/IPV survivors by ensuring participants in the Pilot receive flexible financial assistance for housing and services that best meet their needs to help them stabilize in their chosen communities;
5. Enable the County to learn how best to target the RRH model for the DV/IPV population, including how best to integrate the model for this population with the Coordinated Entry System ("CES"); and
6. Build the capacity of DV/IPV providers to successfully assist survivors through the RRH model.

METHODOLOGY

The innovative nature of the Pilot required the consideration of multiple sources of data. A literature review was conducted to analyze information that currently exists regarding the rapid re-housing model and its potential to be used specifically for DV/IPV survivors. Additional literature on the rapid re-housing model and other unique needs of DV/IPV survivors was also reviewed to identify best practices and guide the consultant's recommendations. To tailor existing best practices to the Los Angeles Community, including integration with the existing Coordinated Entry System (CES), interviews were conducted with a variety of community advocates and stakeholders. In addition to the interviews, input of the Boar d of Supervisors Homeless Policy Deputies and the Los Angeles County Board of Supervisors will be integrated into the final report.

Literature Review

Information from a variety of sources was collected and analyzed, including evaluations, guidelines, webinars, peer-reviewed journal articles, and other resources produced by advocates from the DV/IPV and homelessness advocate communities. See Appendix for an exhaustive list of sources reviewed.

The Washington State Domestic Violence Housing First Program Final Evaluation Report was a key resource of integral importance to informing this research. As this program offered RRH specifically for DV/IPV survivors, it is a valuable and rare source of information on aspects of rapid re-housing that work for this population. The Washington State Domestic Violence Housing First Program (DVHF) was developed by the Washington State Coalition Against Domestic Violence, and funded by the Bill and Melinda Gates Foundation. The program was implemented in two cohorts, four agencies serving 236 survivors comprise the first cohort and nine agencies serving 681 survivors comprise the second [1] [2]. The program emphasized survivor-driven advocacy [1]. The program primarily served women (98%) survivors of color (67%) [2].

The evaluation was conducted by the Innovative Programs Research Group. The Cohort 1 Evaluation Report collected information from 151 clients over the course of 18 months [1]. The final evaluation collected data across nine data collection time points over the course of 3 years, and included the input of participants and staff [2]. The final report found that at follow-up, 88% of participants had obtained or maintained permanent housing [2]. Additionally, at final follow-up, the survivors had been in permanent housing an average of 17 months, and had worked with the agencies over an average of 15 months [2]. Key findings include:

- Survivor-driven advocacy contributes to housing retention
- Housing stability rebuilds lives and leads to independence
- Independence leads to safety
- Safety and stability contribute to nurturing environments for children
- Housing stability and advocacy improve health and well-being and restore dignity and self-worth
- Flexibility supports adaptability of culturally responsive services, and
- Community engagement enhances collaboration and sustainability

Additional facts and outcomes from the DVHF evaluation appear elsewhere in this report.

Interviews with Stakeholders

In an effort to engage the community and ensure stakeholder input, WCG conducted 24 one-on-one or small group interviews with DV/IPV service providers, CES advocates, and representatives of city and county offices within Los Angeles County. The interviews included representatives of all five supervisorial districts in Los Angeles County, as well as seven of eight Service Planning Areas (SPAs). Input from a representative of the

eighth Service Planning Area was incorporated later through participation on the advisory board. Additionally, the CES interview subjects included advocates for families, youth, and single adults. All interviews were conducted in October and November of 2016. The organizations, offices, and supervisorial districts below are represented in the interview data.

Domestic Violence and Intimate Partner Violence Service Providers:

- 1736 Family Crisis Center (Supervisorial District 2 and 4)
- Center for the Pacific Asian Family (Supervisorial District 2 and 4)
- Downtown Women's Center (Supervisorial District 1)
- Jennesse Center Inc. (Supervisorial District 2)
- Jewish Family Services (Supervisorial District 2)
- Joyful Heart Foundation
- Rainbow Services (Supervisorial District 2, 3 and 4)
- Su Casa (Supervisorial District 4)
- Valley Oasis (Supervisorial District 5)

Coordinated Entry System advocates:

- Children's Hospital Los Angeles (SPA 4)
- Coalition for Responsible Community Development (SPA 6)
- Haven Hills
- Jovenes (SPA 7)
- LA Family Housing Corporation (SPA 2)
- PATH (People Assisting the Homeless) (SPA 7)
- Safe Place for Youth (SPA 5)
- St. Joseph Center (SPA 5)
- The Whole Child (SPA 7)
- Union Station Homeless Services (Spa 3)
- Valley Oasis (SPA 1)

City and County Representatives:

- County of Los Angeles Chief Executive Office
- City of Los Angeles Attorney's Office
- City of Santa Monica
- City of Glendale

Survivors:

It is the intention of this report to include input from survivors as well as other community stakeholders; however, the inclusion of input from those with lived experience was limited due to a variety of factors. Most

notably, recruiting survivors through DV agencies poses an ethical risk. Survivors currently receiving services may feel obligated to participate in interviews or focus groups or feel that their services are at risk if they do not participate. This may occur even if they are reassured that participation is voluntary. Voluntary participation is absolutely imperative to any data collection method for ethical reasons. Additionally, survivors who feel pressured into participation may also give misleading or incorrect answers out of fear of losing services or out of a desire to help by providing the "right" answers. Consequently, we focused primarily on input of providers, who have broad experience with survivors that will be most useful for developing the Pilot. Tailoring assistance to each survivor is of high importance, but is best done by those working directly with the clients, and therefore not in the scope of this report.

In an effort to incorporate the input of survivors with lived experience, we conducted a small focus group with recent DV/IPV survivors currently receiving rapid re-housing services through the Downtown Women's Center. The insightful information that we gained from this group was considered during the drafting of this report.

Inclusion of input from Advisory Group and boards

Additionally, the original report will be reviewed by LAHSA staff, the LAHSA DV/IPV RRH Pilot Advisory Group, attendees of the December 15th, 2016 Board of Supervisors Homeless Policy Deputies Meeting, and the Los Angeles County Board of Supervisors. Their input will be integrated into the final report.

FINDINGS

FINDING 1: In addition to the barriers to obtaining housing faced by the larger homeless population, DV advocates communicated that DV survivors face additional issues that are a direct result of their abuse. Barriers of concern to the homeless population include a lack of affordable housing in Los Angeles County, unemployment or poverty, mental illness, chemical dependency, and legal issues such as immigration status. DV survivors have the following additional concerns as a result of their abuse:

- Safety: DV survivors may need to vacate their housing suddenly to maintain their personal safety, and may need to repeat this process many times. This may lead to having poor housing records, losing affordable housing that was difficult to obtain, or losing the housing they obtained with section 8 vouchers. Additionally, some DV survivors have experienced evictions, another mark on their record that may prevent them from being eligible applicants for housing. vb
- Economic abuse: DV survivors who experienced economic isolation as a form of abuse may not have a credit record, or worse, may have a damaged credit score or credit card debt. This may prevent them from passing the credit checks necessary to obtain housing. Additionally, a lack of financial experience and skills may lead to further issues once obtaining independence. This is supported by the research, as researchers have found that any form of economic abuse, including economic

control, economic exploitative behaviors, and employment sabotage, significantly predicted a decrease in the survivors' economic self-sufficiency [3].

- Lack of personal income: Those experiencing isolation may also have not been working while with their former partners. This lack of work experience makes it more difficult to obtain a job, increasing the insecurity of their personal finances. Additionally, those who are working may find the need to cut hours or quit their jobs to avoid a former partner. Irregular work histories may also result from abuse. This is supported by the research, as researchers have found that between 21 and 60% of victims of intimate partner violence lose their jobs due to reasons stemming from the abuse [4].
- Child care: DV survivors may have cut all ties with their families or communities as part of their efforts to avoid their abuser. Old contacts and family members may have been forms of child care, leaving the survivor with few options for child care.
- Emotional Barriers: Previous trauma such as sex trafficking, abuse in foster care, and depression resulting from a hostile home environment may act as barriers to obtaining independence. These individuals may require long term counseling as well, and need access to reliable mental health services. Additionally, survivors expressed that they felt judged by many staff members at DV shelters and other agencies, due to stigma associated with domestic violence. They also noted that they would feel more comfortable around people that had similar experiences to themselves.
- Isolation: Those who experienced extreme isolation may be unaware of programs available to them. If they immigrated they may also face language barriers and cultural barriers to navigating the system. Immigrants additionally are less likely to have family nearby that can serve as a support system. This is supported by the evidence, as the Washington State DVHF evaluation found that while their immigrant participants were less likely to be homeless at entry, they were more likely to need "high touch" services, meaning in addition to quickly met needs and connection with other services provided by the agency, they also needed long-term planning with an advocate [2]. Survivors repeatedly expressed that had they been aware of the services available to them, they would have accessed them much sooner. Additionally, survivors noted that there is a stereotype associated with DV and homeless shelters and that they avoided them due to the expectation that they were dangerous places.
- Criminal History: Prior negative experiences with law enforcement stemming from abusive situations may result in criminal histories that prevent survivors from being viable applicants for housing. Public housing authorities can screen applicants for suitability, including rental and credit history, prior criminal activity, and public housing debts [5]. Evidence suggests that previous self-defense may have led to a history of "violent criminal activity," and fleeing an abuser may have led to a violation of a lease, both of which are grounds to deny an applicant public housing [5].
- Time Limits: For a variety of factors such as those listed above, it may take longer for DV/IPV survivors to achieve independence than others facing homelessness. Maximum time limits on services may not be long enough for the survivors to get back on their feet.

- Legal Issues: Legal issues stemming from separation and abuse, such as divorce, custody issues, or protection orders, can be a huge drain on resources and a large time commitment. Both of these factors may make it more difficult for a survivor to find and secure an income or housing, both of which require resources and time.

FINDING 2: As DV survivors experiencing homelessness face unique needs, neither DV service providers nor homeless services providers are ideally situated to provide the many services needed. Both experience barriers to providing care to survivors, which stem from a variety of causes.

- Training: DV providers are not necessarily housing experts, and staff and case managers may not be equipped with the tools to navigate the local housing rental market. Additionally, interview subjects emphasized the need for a landlord network or partnerships, as many landlords choose not to cooperate or accommodate survivors. This is bolstered by the research, as evidence has shown that domestic violence survivors have experienced discrimination by landlords, housing authorities, employers, child protective service agencies, and others [6]. CES providers similarly lack training on working with DV survivors and prioritizing their needs. In addition to staff education and experience, the necessity of specific training became apparent.
- Mobile case management: While many DV providers interviewed communicated the need for mobile advocacy and case management, safety concerns and liability issues acted as a barrier to providing these services for several organizations.
- Lack of Affordable Housing: Despite being able to provide services such as help obtaining Section 8 Housing Choice Vouchers or other housing subsidies, the shortage of affordable housing in Los Angeles remains a barrier outside of the control of service providers. In a report of strategies to combat homelessness, the Los Angeles County Chief Executive Office described the Los Angeles housing market as at a “very low vacancy rate” making it “very difficult for families and individuals with a federal subsidy to secure housing,” and has subsequently needed to implement several incentive programs for landlords [7]. This is supported by the research; research conducted out of University of California Berkeley confirms that housing prices and growing demand for “lowest quality” housing contribute significantly to homelessness in US metropolitan areas [8].
- Lack of Shelter Beds: DV shelters experience high occupancy, resulting in turning away some seeking services. Additionally, some survivors seeking beds at non-DV homeless shelters may be ineligible for beds because they have children or are not currently homeless.
- Inflexible Resources: Service providers experience limits on their funding that reduces the flexibility of their services. Those interviewed expressed a desire to be able to use funds to provide financial assistance with many services such as child care, car repairs, tuition, or rent. Others communicated that predetermined division of resources, such as 70% for housing and 30% for resources, may be inappropriate for DV survivors. Flexibility leading to success is supported by the evidence, as the Washington State DVHF pilot program found that contributing to needs such as childcare, infant items, and children’s activities eliminated the need for survivors to make the difficult choice to

prioritize immediate needs at the cost of their long-term well-being [2]. At intake, 91% of survivors listed housing as a top priority; at follow-up, the number one priority listed was "financial and independent-living skills" (24%) [2]. Additionally, staff at the pilot agencies found that the flexibility of financial assistance allowed them to meet the needs of survivors who otherwise may not have been able to be served in an emergency shelter [2]. This led to other benefits as well; in addition to being able to provide survivors with their needs, the pilot program resulted in increased staff morale and confidence of leadership because of the impact they had been able to make [2].

FINDING 3: Rapid Re-housing is not a replacement for alternative housing options currently available, but rather an additional option that can prove an invaluable resource for those who are situated to gain maximum benefit. To ensure the success of DV/IPV clients in a rapid re-housing setting, DV/IPV agency staff and CES advocates expressed that clients likely need to fit the following profile:

- Safety: Rapid re-housing is located in the community, and therefore survivors choosing RRH do not benefit from the relative safety of DV shelters or transitional housing units with onsite services. Those who are at a low risk of physical violence may be best situated to benefit from rehousing in the communities of their choosing.
- Finances: Rapid re-housing will be most beneficial for those who are positioned to ultimately be able to independently maintain their housing costs. The ability to independently afford housing costs is dependent on the individual's ability to obtain a sustainable income. Consequently, those who are employed, employable, or will soon be employable are best situated to maintain a sustainable income source. Those who are unable to work due to disabilities, immigration status, language barriers, or other factors, are therefore less likely to find a sustainable income source that will allow them to keep their housing after their rental assistance is terminated. Similarly, those who already have some resources, such as a vehicle or child care, may have an easier time obtaining employment. This notion is supported by the research; in a rapid re-housing research report, the Urban Institute stated that rapid re-housing does not solve long-term housing affordability problems, indicating that those with long-term affordability problems may be more suited for other programs [9].
- Survivor-driven Advocacy: For successful outcomes, rapid re-housing requires a rapport between survivor and advocate, and the survivor's commitment to the program. DV providers must respond to what the survivor communicates is a need, rather than assuming the survivor's needs and pressuring them into programs they do not want to participate in. Additionally, while DV providers had many measures of success in mind such as housing retention, income stability, and increased safety, several also mentioned the importance of including survivors' own measurements of success in evaluation of the program.
- Emotional readiness: Ultimately, rapid re-housing will only be successful if the survivor has a strong desire for independence and the emotional stamina to surmount all barriers. Those who are committed to their goals and either emotionally independent or willing to receiving counseling or other mental health therapies are most likely to succeed in gaining independence.

FINDING 4: Systems improvements may be essential in order to build capacity to meet needs among DV clients. To successfully move survivors through the RRH model, some of the capacity building steps that may be incorporated include:

- Information Confidentiality: Current methods of collecting information from DV survivors lack cohesiveness due to the necessity of extra safety precautions. The Homeless Management Information System (HMIS) is not secure enough for DV survivors, and federal requirements expressly forbid some providers from using HMIS for victims of violence. Other states and organizations have been able to develop coded, unidentified data collection systems to help serve DV/IPV survivors. A similar approach could vastly improve agencies' ability to serve clients.
- Collaboration: Increased collaboration between DV providers and CES advocates. This includes enhanced communication among providers.
- Housing Network: Increased ability to locate housing, including a network of landlords willing to collaborate. Additionally, increased ability for service providers to assist clients who need to be housed in a different SPA.
- Community Inclusion: Increased communication with community partners may lead to success, such as the faith based community, local law enforcement, and school systems. This is supported by research, as the Washington State report found that the DVHF program had "increased agencies' credibility within their communities," which led to increased community awareness and new partnerships [2]. Part of this included enhanced relationships with landlords and law enforcement, who were then open to making adjustments for survivors' safety [2]. Additionally, community ties can restore the survivor's social network, improve healing and resiliency, and create a safe place to build relationships and connect to resources [10]
- Staff Training: Increased capacity to train staff to be well-equipped to assist DV/IPV survivors, as well as an understanding of how best to coordinate service.

FINDING 5: Data collections that include demographic information as well as information concerning safety, well-being, and education will be useful for evaluating the success of a RRH program for DV survivors and adapting future models to the needs of the population. The following are factors noted by providers upon interview:

- Demographics: Demographic information may help identify specific populations who thrive under the DV/IPV RRH model, along with populations of whom the model is not the most appropriate service. Additionally, demographic information may prove that DV survivors span a spectrum previously unrecognized.
- Safety: Safety Assessments implemented prior to, during, and after the intervention can determine client's progress. Similarly, revictimization and recidivism are crucial to determining factors leading to success.

- Well-Being: In addition to safety, well-being can be measured by self-reported measures of dignity, stability, and social connection.
- Length of Assistance: The length that each client needed assistance, as well as follow-up to identify the sustainability of independence, is crucial to forming future programs. The survivor's ability to retain employment, housing, and independence are all critical measurements of success.
- Education: If survivors use the Pilot to help them attain educational goals, the type of assistance they needed and the level of education they were able to attain is valuable information. Additionally, measurements of how the model improves the educational success of clients' children should be incorporated into program evaluation.
- Obstacles: Any major obstacles should be identified and reported on.
- Cost benefit: In an effort to determine whether RRH is a viable long-term solution to incorporate into services for DV/IPV survivors, the cost benefit of the Pilot is information needed for funding purposes. Cost-benefit could potentially be address by a quasi-experimental design to compare agencies providing DV/IPV RRH services and those providing traditional DV housing advocacy services [2].
- Neighborhoods: It may also be useful to determine whether some neighborhoods are more receptive to RRH, or more likely to lead to success.

RECOMMENDATIONS

Program Design

RECOMMENDATION 1: *Pilot design should include a plan for rigorous evaluation that includes collection of data upon client entry, throughout service duration, and at follow-up.*

The recipient of funding for the Pilot should build evaluation into the program design, including metrics, a plan to collect and analyze data, and a plan for implementation of the evaluation plan prior to entry, throughout the duration of the program, and at predetermined follow-up increments.

- A thorough evaluation maximizes the county's ability to learn, thus addressing Goal 2.
- This plan must include designing and implementing a non-identified database system for collecting data while maintaining the highest level of security.
- The evaluation procedure may be internally implemented by agency staff, or outsourced to a third-party evaluation team. Both methods have benefits and drawbacks. While staff have a level of rapport with their clients, that familiarity threatens the objectivity of the data. Therefore, while an internal evaluation team may be able to provide a more comfortable setting for data collection, an

outside evaluation team may increase the objectivity and validity of the data. We further note that the Washington State DVHF program staff expressed that data collection was a burden on staff and a third-party evaluation team would have enhance objectivity [2].

- The evaluation collection plan should include methods for ensuring or increasing response to any outreach. For instance, gift cards may be provided as incentive to respond to surveys and check-ins to improve evaluative data [2].
- Evaluation should include data collection in the many categories listed in the "Finding 5" section above, including, but not limited to: thorough demographic data on clients, location data on neighborhoods, safety assessments of clients and their children throughout involvement in program, self-reported well-being of clients and their children throughout involvement in program, length of assistance, any educational goals attained by survivors or their children, major program obstacles, and cost-benefit analysis.
- CalOES recently released funding for RRH with DV/IPV victims. LAHSA should investigate further the evaluation process to see if there is opportunity for collaboration.

RECOMMENDATION 2: *Pilot Program Agencies should devote a portion of Pilot funding to developing housing navigation capacity, including the use of consultants or other outside groups as necessary.*

- As discussed in Findings section above, providers comment that past experience in reaching out to housing navigators has not been successful because navigators are at capacity, thus responding "I can't help you." Further, DV providers lack housing market expertise such that they must rely on navigators rather than seek housing options directly.
- Developing housing navigation capacity directly addresses Goal 3 and improves the ability of providers to successfully assist survivors.
- Several interview subjects with experience with DV and homelessness emphasized that current housing navigation resources are at capacity and unavailable to them.
- Groups such as Brilliant Corners have worked with Los Angeles-based organizations in the past, and are receptive to agencies desiring to form partnerships.

RECOMMENDATION 3: *Pilot Program Agencies should develop a coalition with other DV agencies, housing organizations, and CES advocates, in order to have alternate options for clients in need of services unavailable at the Pilot's location.*

- The ability for providers to successfully assist clients with the services that best meet their needs is limited by the services they are able to provide. Having an alternative plan for survivors whose needs are best met with services not available in-house is crucial to their success, thus addressing Goal 1.

- Partnerships enhance the capacity of DV/IPV organizations to assist survivors with their long-term needs, while allowing the Pilot Program Agency to focus on immediate RRH needs, thus addressing Goal 3.
- This includes the development of updated printed materials available for survivors outlining available services and how to access them. Washington State DVHF participants reported a need for more outreach, as well as more clarity on housing options and other resources available to them [2].
- The spectrum of services that should be available at partnering locations includes, but is not limited to: housing services, case management services, counseling services, legal services, employment services, and educational supportive services.
- The spectrum of services that should be available onsite includes, but is not limited to: housing services, case management services, counseling services, financial help with costs related to children, and other financial assistance.

RECOMMENDATION 4: *Pilot Program Agencies should cultivate community partnerships with other social service organizations, law enforcement, landlords, educational institutions, communities of faith, and other central community leaders, including opening a line of communication for ongoing collaboration.*

- Community cooperation increases the safety of survivors and contributes to their success, thus addressing Goal 3. We further note that evidence suggests that community engagement increases sustainability by improving "the community's response to domestic violence [2]."
- Other potential community partners include: housing programs, realtors, emergency shelters, hotels, auto repair shops, gas stations, phone shops, locksmiths, treatment centers, clinics, daycares, health and human services, youth programs, job training programs, city councils, legal services, population-specific resources, grocery stores, furniture and appliance stores, community resources, clothing and food banks [10].

RECOMMENDATION 5: *Pilot Program Agencies should train staff specifically on serving DV/IPV survivors experiencing homelessness, including training DV/IPV staff involved on use of any housing locator navigators, and training homeless services staff involved on how best to approach services for DV/IPV survivors.*

- Enhancing the ability of staff to deliver services addresses Goal 3.
- Targeting the RRH model for the DV/IPV population addresses Goal 2.
- Training should be system-wide to ensure continuity across all involved agencies.
- Interview subjects emphasized the lack of crossover training, and noted that DV/IPV staff were not equipped to help their clients with housing needs, while homeless services staff were not trained on how to approach DV/IPV survivors.

RECOMMENDATION 6: *Pilot design should embrace a housing first and survivor-driven approach.*

- Stabilizing survivors in their chosen communities is prioritized through the housing first approach, thus addressing Goal 1.
- The program activities should be designed using a housing first approach, operating under the assumption that once housing is obtained, survivors will have the time they need to focus on addressing other needs. The Washington State Housing First Pilot Program found housing stability rebuilds lives and leads to independence due to survivors' ability to focus on their goals rather than securing housing [2].
- Case managers should call clients to follow-up and offer services, rather than requiring the clients to approach with further needs; however, all services should be client-driven, with no service compliance required in order to obtain housing. We note that the Washington State DVHF report found that "survivor-driven advocacy contributes to housing retention [2]."
- Survivors should be approached with a non-judgmental attitude.
- Mobile advocacy should be considered, as long as the safety of survivors and staff can be prioritized.
- Additionally, there should be, at a minimum, Spanish-speaking staff available at all locations, and printed materials should be offered in a variety of languages. More than half of Los Angeles County residents speak a language other than English at home, and five of eight SPAs are majority non-English speaking (2,3,4,6,7) [11]. The ten most frequently spoken languages in Los Angeles County are English, Spanish, Chinese, Tagalog, Korean, Armenian, Vietnamese, Farsi, Japanese, and Russian [11]. Cultural and language barriers have been found to prevent non-English speakers from gaining equal access to public services, as well as prevent personnel from providing them with adequate services [12] [13].

DV/IPV Assessment Tool

RECOMMENDATION 7: *Pilot Program Agencies should triage all survivors prior to entry into the RRH program considering both their safety and appropriateness to rapid re-housing.*

- By identifying survivors best suited to the RRH model, agencies approach survivors with options that best suit their needs, thus addressing Goal 1.
- The potential to use both the Danger Assessment and the Vulnerability Index – Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAT) should be further investigated. The triage tool needed must consider both the personal safety of the client and the client's ability to ultimately become

stable in their chosen community through rapid re-housing. Only clients who are not assessed to be in immediate danger should be considered appropriate for RRH. Additionally, clients who are not able to work or earn an income are similarly inappropriate for the RRH model.

- The VI-SPDAT may be used as a housing triage tool in conjunction with the SPDAT. The VI-SPDAT may be used to refer clients to different housing interventions, but does not provide a comprehensive assessment of each person's individual needs [14]. The VI-SPDAT identifies the type of housing intervention most suitable to the client, be it permanent supportive housing, rapid re-housing, or affordable housing [15]. All staff using VI-SPDAT must complete training in appropriate use.
- The Danger Assessment, Danger Assessment-Revised (DA-R) for female same-sex relationships, or Danger Assessment-Immigrant (DA-I) for immigrant survivors must be used as appropriately prior to entry into Pilot program. Those at or below "variable danger" scores are candidates most appropriate for rapid re-housing in the community. Those in the "increased danger" range may be appropriate for some forms of rapid re-housing, including housing with enhanced security and higher levels of supervision, and may enter the program at the discretion of the staff member conducting the assessment. Those in the "severe" or "extreme" danger ranges require a high level of supervision and subsequently may require DV shelter options that are more involved than rapid re-housing, and are not recommended as appropriate candidates for rapid re-housing. All staff must be trained or certified to use the Danger Assessment, and be able to assess survivors' level of danger and determine appropriateness for rapid re-housing. We further note that the Washington State DVHF Evaluation report noted that survivors' level of danger at intake was high and many reported that their partners exhibited violent behavior; however, the report did not outline the participants' Danger Assessment scores or what scores the program administrators deemed appropriate for participation in the rapid re-housing pilot program [2]. Program administrators used the short version of the Danger Assessment, which included 13 of the 20 Danger Assessment questions [2].

RECOMMENDATION 8: *Pilot Program Agencies should train all staff on proper use of assessment tool, including where to direct clients who are not appropriate for RRH.*

- Identifying services that best meet client needs includes diverting some survivors to other programs, thus addressing Goal 1.
- Ensuring that agencies have the information and collaboration required to serve all clients enhances the ability or providers to successfully assist survivors, thus addressing Goal 3.
- Training should be system-wide to ensure continuity across all involved agencies.

Performance Outcomes

RECOMMENDATION 9: *Pilot Program Agencies should be accountable for delivering a pre-determined list of anticipated outputs and outcomes, outlined below.*

Anticipated Outputs

- Number and type of survivors served by Pilot program
    - Number of individuals and families served by Pilot program
    - Numbers of children of survivors served by Pilot program
- Number and type of trainings
    - Number and type of trainings for staff at the Pilotlocation
    - Number and type of trainings for staff at other nonprofit agencies
    - Number and type of trainings for other entities, such as law enforcement, landlords, and other community members
- Number of communications with community members
    - Number and type of in-person or phone meetings with staff of Pilot
    - Number and type of in-person or phone of meetings with staff at other agencies
    - Number and type of in-person or phone of meetings with other community members
    - Number and type of other communications with other agencies and community members, including informal calls, emails, newsletters, etc.
- Number and type of services provided (including successful referrals)
    - Number and type of housing services provided (housing location support, housing establishment, rental assistance, utilities, furniture)
    - Number and type of case management services provided
    - Number and type of counseling services provided (mental health, chemical dependency, support groups)
    - Number and type of legal services provided (legal help with custody, restraining orders, divorce proceedings, immigration help)
    - Number and type of employment readiness services provided (job training, job seeking, obtaining required certifications, financial help with career outfits or uniforms)
    - Number and type of educational attainment services provided (tuition help, help locating or enrolling in educational institutions, student loan repayment)
    - Number and type of children-oriented services provided (child care, financial assistance with baby or infant care items, financial assistance with activity costs for children, children's counseling/therapy/support groups)
    - Number and type of financial services provided (debt reduction, financial counseling, credit improvement)

    - Number and type of other financial help provided (financial help with transportation, replacing locks or installing security systems in homes, food)
- Evaluation of Pilot program as outlined in Program Design Recommendation 1.

Anticipated Outcomes

- Increased housing
    - Increased housing placement
    - Housing retention during involvement with program
    - Housing retention after completion of Pilot
- Increased financial stability
- Improved self-reported safety and well-being of survivors and children
- Improved collaboration within organizations
- Improved interagency collaboration
- Increased community awareness
- Improved ability to design future pilots to deliver stronger outcomes in the future

Program Activities and Costs

RECOMMENDATION 10: *Pilot Program Agencies should keep funding as flexible as possible in terms of purposes for which it can be utilized.*

- Maintaining a priority of flexible funding directly addresses Goal 1.
- Programs may provide funding for anything that helps the survivor retain or obtain housing, including, but not limited to, the following purposes: housing services, case management services, counseling services, legal services, employment services, educational supportive services, financial help with costs related to children, and other financial assistance. A more thorough list of services that may fall under these categories appears in the Recommendation 9 “Anticipated Outputs” section above.

RECOMMENDATION 11: *Pilot Program Agencies should have the ability to serve a wide variety of survivors at various levels of need.*

- Expanding the pool of qualified applicants so as not to limit those who are unable to be served in alternate organizations builds the capacity of providers to assist survivors, thus addressing Goal 3.
- Services should not be limited to any particular population, and survivors should be clearly informed that they are not disqualified by factors such as having male children in their teens, already being in an emergency shelter, or having had help in the past. Children acting as a barrier for services

appeared in interviews, but also in the Washington State DVHF report, which noted that survivors had reported that they were ineligible for service at some shelters because they had teenage sons, while others reported that they were turned away from shelters because they didn't have children. The specificity of services provided by organizations reduced the survivors' ability to obtain services at all [2].

RECOMMENDATION 12: *Pilot Program Agencies should have the capacity to serve survivors over a long time frame, potentially for a longer period than other clients experiencing homelessness.*

- Tailoring the RRH model to the DV/IPV population to best target this population addresses Goal 2.
- Subjects interviewed expressed that DV/IPV survivors need more time as they had a variety of needs that had to be met before they could independently maintain housing. This is supported by the evidence, as Washington state DVHF agencies felt that the three year time frame was not enough for those with significant barriers like chemical dependency, criminal background or evictions histories, or undocumented status [2].
- Pilot Program Agencies should be prepared to serve survivors for a minimum of 6 months and up to 24 months, depending on the depth of their needs.
- Pilot Program Agencies may find it beneficial to reduce the rental subsidy incrementally over time rather than abruptly severing funding.

RECOMMENDATION 13: *LAHSA should consider entering into a funding contract with multiple agencies for the Pilot rather than leaving a single agency responsible to subcontract services.*

- This would prevent creating a burden on lead agencies by leaving them responsible to become a funder to other agencies.

RECOMMENDATION 14: *Pilot Program Agencies should devote a portion of Pilot funding to fund administrative costs, including costs of new technology and trainings.*

- Improving administrative proceedings directly builds agency capacity, thus addressing Goal 3.
- Technology upgrades will be important for mobile case management
- Pilot Program Agencies should be held o additional financial and reporting obligations
- 15%-25% administrative overhead should be considered.

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